SENIORS ADVISORY COUNCIL FOR ALBERTA

ANNUAL REPORT 1991-92

Sessional Paper 120/92
3 Session, 22 Legislature

Sessional Paper 120/92
4 Session, 22 Legislature

SENIORS ADVISORY COUNCIL FOR ALBERTA

Report to the Minister Responsible for Seniors The Honourable Roy Brassard

For the Year Ending March 31, 1992

Setting the Vision

The Council is choosing for its vision the statement that was adopted by the participants at the "Dawn of a New Age" conference, held December 1-3, 1991 in Edmonton. The conference sponsors were the Alberta Association on Gerontology, the Alberta Council on Aging, the Alberta Long Term Care Association and the University of Alberta Centre on Gerontology. Our Council provided funds to underwrite part of the costs of the conference.

All people are independent individuals whose quality of life is realized through living interdependently in a community that offers security, opportunity for choice and involvement as equal, responsible and participating members.

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Alberta
SENIORS ADVISORY COUNCIL

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March 31, 1992

Honourable Roy Brassard
Minister Responsible for Seniors
107 Legislature Building
Edmonton, Alberta
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Dear Mr. Brassard:

I am pleased to present the 1991-92 Annual Report of the Seniors Advisory Council for Alberta.

The members of the Seniors Advisory Council for Alberta are offering eleven recommendations for consideration. A summary of the Council's activities during the past year are also highlighted.

Yours sincerely,

Thos. N. Musgrove, MLA
Chairman

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Executive Summary

The report starts with a message from the chairman, Mr. Tom Musgrove, MLA, in which he

- discusses the Seniors Advisory Council for Alberta Act which provides a legislative base for the Council (see Appendix A for the Act);
- explains that the recommendations in this report are based on the Council's study of the issues and the concerns of the approximately 1,400 persons, primarily seniors, who attended the 44 public meetings held by Council in 1991 (see Appendix B for a summary and comments on these meetings);
- concludes by stressing that the Council's primary responsibility is to the older people of Alberta, and that he hopes that this report reflects their needs and concerns — their voice.

The chairman's message is followed by a statement of eight principles on which social policy for older people should be based.

In Part I (the Introduction), following brief information about Alberta's seniors, it is stressed that the increasing numbers of older people are not a problem, but rather a vital component of our population and of our economy. Council suggests that the use of future resources will depend, not on the growing numbers of seniors, but on the economy, the trends in the service delivery system, and the vested interests of professionals and institutions.

In Part II the Council discusses 13 issues and recommends

- that the Council receive funding so that it can continue to publish the booklet, *Programs for Seniors*, on a regular basis, continue its public meetings, strengthen its information service, and develop new and innovative ways of providing important and current information to seniors;
- that there be more education about planning for financial security in retirement, and that all persons employed on a part-time basis be able to contribute to pension plans on a pro-rated basis. Council is concerned that 40% of Alberta's seniors (Old Age Security recipients) are still receiving income supplementation, and that less than half the labour force is covered by an occupational pension plan.

- that ways be examined to develop greater coordination between health units and Family and Community Support Services (FCSS) programs, so that together they can build an integrated, coordinated and accessible community service system. Information from a survey of FCSS services for seniors is included in the discussion.

- that provincial Family and Community Support Services consultants promote the development and strengthening of community information services for seniors and senior centres. These are very important services for older people.

- that the transportation grant for seniors and disabled persons be increased for those municipal jurisdictions where the population is sparse and the distances great between small communities and to major centres and that municipalities account to the public for the use of the grant. Increasing the transportation grant has the potential of reducing public expenditures as well as enhancing seniors' independence in the future.

- that the Housing Division of Alberta Municipal Affairs provide advice and consultation to groups wishing to develop various types of housing projects for seniors. Various options are discussed, including forms of "assisted living."

- that the government promote the amending of the Canada Pension Plan regulations so that the "drop-out" period used in calculating an individual's contributory period be expanded to include the time spent caring for an elderly person who requires full-time assistance with the tasks of daily living.

- that the government promote a greater understanding among employers about the needs of working people who are assisting dependent older relatives, with the suggestion that they be provided with the same benefits as those provided for employees caring for dependent children. Council is concerned about the stress many caregivers are under. Suggestions are made about ways of assisting them.

- that the Home Care/Community Long Term Care Program receive adequate funding to ensure greater equity between community-based and facility-based long term care, that a classification system be developed for community long term care in order to standardize all long term care services and funding, and that the Home Care/Community Long Term Care Program expand its services, so that it can help people find and reach needed community services, in

particular support services, such as transportation, grocery shopping and chore services. In the discussion Council identifies several issues in relation to Home Care/Community Long Term Care and proposes an expanded and more comprehensive community care program. Facility-based long term care is also discussed.

- that support be provided for a provincial bioethics centre to examine difficult ethical and legal decisions in health care.

In addition, the Council discusses the question of payment for benefits and services and presents four principles that should be kept in mind should this or other changes in seniors' programs be considered. There is also a discussion of the needs of older aboriginal people and of older immigrants, and of concerns relating to the abuse, neglect and exploitation of seniors.

Part III of the report has a summary of the work of the Council during 1991/92.

The Council's Information Service (toll free Seniors Information Line) handled 19,060 requests for information. Six issues of the bimonthly **FACT SHEET**, a four-page newsletter were published as well as seven papers, including the booklet, **Programs for Seniors**.

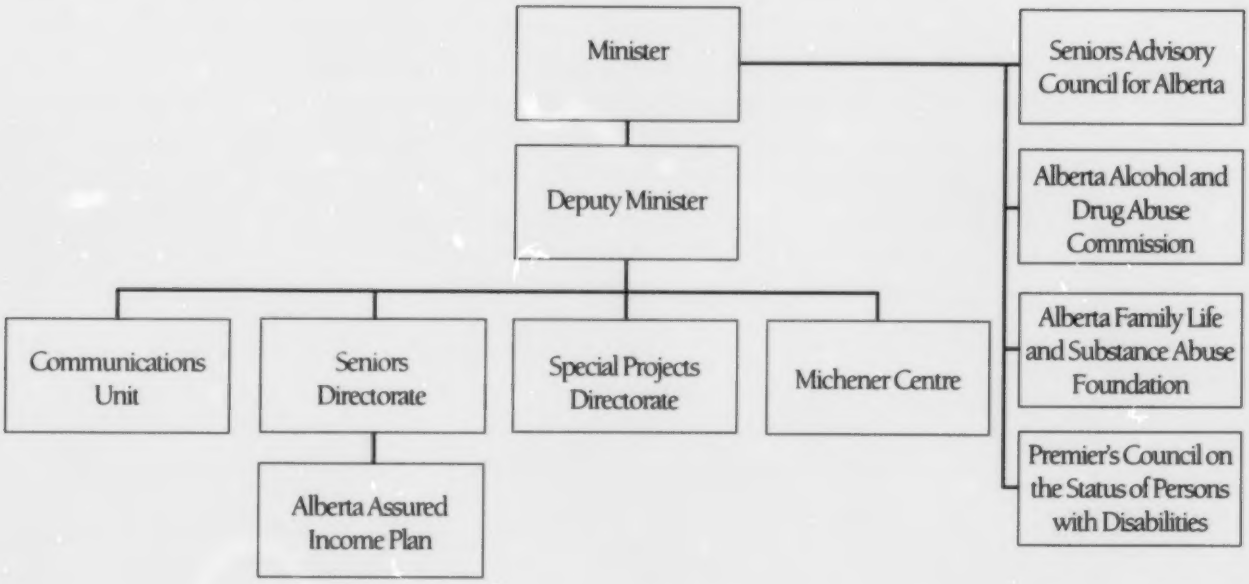
Council co-sponsored three workshops and provided twelve grants for education and special projects, including a grant to the Alberta Council on Aging (ACA) to cover part of its operating expenses.

Comments were sent on various government and non-government discussion papers and reports, and members and staff assisted with 15 government and non-government committees dealing with aging/seniors.

Council spearheaded the province-wide Senior Citizens Week in 1991 and planned and developed materials for the 1992 Week (June 7-13). The theme of both weeks is "Seniors: A Strength of Alberta." The purpose of the Week is to promote a greater understanding of older people and the contributions they make to Alberta.

Organization Chart

Ministry Responsible for Seniors



Message from the Chairman

We are most pleased that, during the past year, the Legislative Assembly of Alberta passed an Act establishing our Council as the Seniors Advisory Council for Alberta. This provides a legislative base for our mandate and functions and a framework for future direction. The Act, introduced by Premier Getty as Bill 1, is in Appendix A.

Specifically, the Act states that the Council is

(a) to advise, report to and make recommendations to the Government on matters relating to senior citizens in Alberta, their well-being and their opportunities for full and equal participation in the life of the Province;

(b) to encourage public discussion and consultation on matters relating to senior citizens;

(c) to review, analyze, consult and make recommendations to the Government respecting

(i) legislation and policies affecting senior citizens, and

(ii) the funding and coordination of programs and services relating to senior citizens;

(d) to make recommendations to the Government on grants;

(e) to undertake additional activities at the request of the Minister.

It is gratifying that, following the formal enactment of our Council, the Government of Alberta also chose to appoint a Minister Responsible for Seniors, the Honourable Roy Brassard, to whom I report.

The Alberta Seniors Directorate, a government office reporting to the deputy minister of the Ministry Responsible for Seniors, will work under the Minister's direction to coordinate provincial policies and programs for seniors and develop strategies for the future. We, at the Seniors Advisory Council, are working in close cooperation with this office.

We see the Council's primary mandate as

- obtaining the views and concerns of seniors and their family members and of persons working with older people throughout Alberta;
- interpreting these concerns to the Government, both through the Minister and, as needed, directly to other Ministers and advocating for seniors.

We obtain information in several ways.

44 public meetings attended by 1,400 persons.

- Through individual members' contacts in their regions, we listen.
- Through the Council's Information Service, we learn of the day to day concerns of the public.
- Through the public meetings which we are holding throughout the province and in which we provide information to the senior public, we listen and learn of seniors' concerns and of the issues which are important to them.
- Through the study and research which we conduct, we expand our information and knowledge. It is frequently necessary to examine concerns in depth before we make recommendations.

After background work is done, seniors' concerns are presented to the government through direct contact with our Minister and other appropriate Ministers and through our annual reports with recommendations.

We recognize that there are major issues affecting older people which we have not discussed this year, but about which we have a continuing concern. For example, there is a need for

- more education of the public about aging;
- increasing sensitivity and understanding of older people of varied ethno-cultural backgrounds;
- examining retirement policies and the transition from employment to retirement (in 1979 we prepared a background paper on this subject);
- a greater emphasis on health promotion, fitness and leisure lifestyles;

- continued and increased support for geriatric assessment and rehabilitation services, and geriatric consultation teams within acute care hospitals;
- developing more effective ways of coping with chronic illness;
- addressing the mental health problems of older people.

Council's primary mandate — to advocate for seniors.

Now that our Council is established more firmly, it is my hope, and that of all of the members, that we can be an even stronger and more effective voice for seniors at the provincial government level. We have consistently emphasized the need to consult seniors in developing policies and programs affecting the older population.

We are appointed by the Lieutenant Governor in Council on recommendation of the Minister Responsible for Seniors and report through him to the government. We are responsible to and accountable to him.

However, our *primary* responsibility is to the older people of Alberta. It is essential that we reflect their needs and concerns — that we are their voice in as effective and responsible a way as possible. It is our hope that our 1991/92 report reflects this responsibility.

Thos. N. Musgrove, MLA
Chairman
Seniors Advisory Council for Alberta

Members of the Seniors Advisory Council for Alberta, 1991/92

Chairman
Tom Musgrove, MLA Bow Valley

Calgary
Bette Purves
Noel Butlin

Edmonton
Mary Norman
Neli Jackshaw

Lethbridge Area
Christopher Armstrong-Esther

Northern Alberta Area
Doreen Makarenko

Alberta Healthcare Association
Muriel Bye

Alberta Medical Association
Richard Cherry

Rural
Charlotte Germaniuk
Frank Appleby
Kenneth Rudd

Medicine Hat Area
Lynne Sangster

Red Deer Area
Marilyn Lewis

Universities
Janet Kerr

Statement of Principles

We, the Council, believe these principles are basic to the development of policies affecting seniors.

1. Uniqueness

Seniors, both individually and as members of a generation, are unique and have varying physical, economic and social needs. Policies and services for seniors need to reflect that uniqueness and provide for a sensitive blend of income and disability levels.

2. Self-direction

The vast majority of seniors, approximately 80 percent, are well and able to care for themselves. The role of Government should be to enhance their coping ability, enhance their competencies and support systems, and encourage their independence and interdependence.

3. Autonomy

Autonomy — the freedom to determine one's own actions and behaviour — is crucial to good morale and mental health in the later years of life. This should be a prime consideration in the planning and delivery of policies and programs for seniors.

4. Empowerment

Older people should be involved in planning policies and services which are relevant for them. Individuals should be encouraged to make choices and be involved in determining both what is needed and how it should be delivered. This means recognizing and accepting that seniors, like other adults, are capable of self-determination. It also means empowering them to define and solve their own problems.

5. Human Focus

Too often paternalism is reflected in programs planned and administered by a bureaucracy of experts. Policies and services should focus on the needs of older people, not on the needs of service agencies and bureaucracies.

6. Holistic Approach

Seniors, like people of all ages, have physical, social, emotional and spiritual needs. For the small group of seniors in need of special assistance, it is important to provide help in an integrated and holistic fashion, whether in the community or in a facility. Neither the "social" nor the "medical" model is appropriate — we need an integrated model of service delivery.

7. Accountability

Local communities need to be involved in determining the range of programs and services for the seniors living in their areas. However, to ensure a consistent approach throughout the province and accountability for funding provided, the provincial government must establish basic guidelines to achieve greater equity in programs and the delivery of services.

8. Monitoring and Evaluation

Ongoing evaluation is necessary to address concerns about the cost effectiveness and benefits of programs and services to seniors.

Part I: Introduction

In Alberta, as in all of Canada, the numbers of seniors and their proportion of the total population are increasing, though Alberta is, and will remain, one of the youngest of the Canadian provinces and Territories.

In 1986, the Province of Alberta had 193,500 persons aged 65 and over, 8.1% of the population. By 1991, this number had grown to an estimated 228,500, representing 9.1% of all Albertans.[1]

It is believed that, by the year 2016, the senior population will have more than doubled, reaching 478,800 in number and comprising 13.5% of the population.

This represents a growth rate of 150%. During this same period of time the population under age 65 will grow by only 41%.

At a public meeting a senior asked us for copies of our presentation for her three children, all pensioners!

The proportion of seniors aged 85 and over, 8.5% in 1986, will rise to 11.8% by 2016, a ***growth rate of 246%.*** More and more of us, especially those of us who are female, will be living to age 90 and over.[2]

In view of this, we must continue to use our human and financial resources effectively and in a way that ensures opportunities for growth and development in the later years of life.

We hear many voices predicting a future of gloom and doom, with great amounts of public monies being spent on pensions and health services for dependent older people, taking resources from the young. We even hear, in some instances, some hostility expressed toward seniors and the need to assist them.

These predictions of a dependent senior population absorbing large amounts of resources are based on **misconceptions and misinformation** about our older population. The vast majority of Alberta seniors are not living in a dependent situation.

- 90% are living in homes or apartments that they own or rent, and the vast majority are living with a spouse or living alone.
- Only a small percentage of seniors are living with related families, with other relatives such as siblings or with non-related families.

- And only 10% are in collective living situations such as lodges or long term care facilities. **The percentage living in this type of situation has been dropping over the years as more housing options are open to older adults.**[3]

It is a reality that with increasing age there are more chronic health problems. Persons aged 65 and over use medical, hospital and long term care services in greater proportion than their percentage in the population.

However, it is a relatively small number of older individuals who use these services.[4]

Furthermore, according to demographers, there is a consistent and substantial trend toward better health among older people, and more and more of them are adjusting to and coping more effectively with any chronic illnesses that develop.[5]

Seniors are a vital part of our economy.

Finally, often forgotten in discussions about the future aging of the population is the reality that older people contribute much to our society. As taxpayers and consumers, they are a vital part of our economy. They contribute both services and money to their adult children and grandchildren as well as to voluntary organizations.[6]

Older people also contribute from their life experiences to our society and are an important and vital component of our population.

How we use our resources in the future will not depend on the growing numbers of seniors, but on

- economic trends;
- trends in the service delivery system; and
- the vested interests of professionals and institutions.[7]

There are and always will be some older people more at risk and in need of special assistance. We are directing our attention to some (though not all) of these groups of older people in Part II.

We need to assist these people in a way that helps them maintain maximum independence.

For the senior population as a whole, the promotion of health and maintenance of wellness, in both community and institutional settings, can be achieved by shifting the policy and programming emphasis to focus on self-determination and empowerment. Persons in provincial and municipal government services, voluntary organizations, seniors'

organizations and seniors themselves are all responsible for the development of policies reflecting this.

We need to:

- change attitudes toward aging and older people;
- create more opportunities for meaningful involvement for older adults;
- prevent abuse and discrimination of seniors;
- ensure that funds for services are used efficiently and for the purpose and target groups for which they are intended.

Finally, and most importantly, **we need to ensure that we are not developing and imposing scores of new specialized programs or changing programs and policies without consulting those who will be affected.**

Part II: Recommendations and Discussion of Issues

During this year, the Council has examined a number of issues, several of which have been raised at the public meetings held with older people. Included in our report are comments and suggestions made by seniors at the meetings.

Seniors' Need for Information

RECOMMENDATION 1

To the Minister Responsible for Seniors

The Council recommends that

- funds be included in the budget of the Council so that the booklet, Programs for Seniors, can continue to be published on a regular basis and distributed widely.
- the Council be provided with adequate funding so that it can continue its public meetings and strengthen its information service, developing new and innovative ways of providing important and current information to seniors.

We have made the above recommendations because we believe that having accurate, up-to-date information on programs and services and knowing how to access them is crucial for older people and their families. The provision of information may be the most important "preventive" service because with good information seniors can be aware of the options available to them and make responsible choices and decisions about their lives.

We found at the public meetings that many seniors have a general, but limited, knowledge of the programs available to them and how to access them. They often do not know the program details and in some instances had misinformation. This impressed upon us the critical need to see that seniors have more accurate and current program information.

We were told, "The public meetings are empowering for seniors. They feel they are being heard."

We found that providing information to older people and/or telling them where they can obtain additional information and how to do it made them feel more independent and take more control of their lives. We were told, "The public meetings are empowering for seniors. They feel they are being heard."

Our extensively used toll free line helps with this. Another help is our booklet, *Programs for Seniors*. Seniors and others participating in the meetings expressed much appreciation for the booklet, and some said, "It is our Bible." Other comments heard were, "It is invaluable." "Will it be published on an annual basis?"

We were also told that our annual workshops for local information workers, which are co-sponsored with the Alberta Council on Aging, are most helpful.

People said to us, "Seniors respond to your non-bureaucratic approach and feel that you are being honest with them."

On the basis of our experience with the public meetings, we believe it essential to continue the public meetings, to continue and strengthen our information service for seniors and to look for new and innovative ways of reaching them. People said to us, "Seniors respond to your non-bureaucratic approach and feel that you are being honest with them."

Pensions and Income Support

RECOMMENDATION 2

To the Minister of Advanced Education

The Council recommends that there be more educational programs stressing the importance of planning for retirement and in particular the need for individuals to plan for financial security in retirement.

RECOMMENDATION 3

To the Minister of Labour

The Council recommends that all persons employed on a part-time basis be able to contribute to pension plans on a pro-rated basis.

Many working people are not covered by an occupational pension plan.

Canada Pension Plan

It is crucial that the benefits from the Canada Pension Plan be increased and continue to be indexed, so that in the future it will not be necessary for people to reduce their standard of living when they are old. This is especially important because, in 1989, less than half the labour force in Alberta was covered by an occupational pension plan.[8]

We have been informed that steps are being taken to increase the amounts employees and employers pay into the Plan to ensure the financial viability of the Canada Pension Plan and are pleased with this direction.

Occupational pension plans

We would also like to stress the need for more coverage of employed people by occupational pension plans and the need to ensure the viability and portability of these plans. We believe that the government should take the necessary steps to ensure the viability of all occupational pension plans, both public and private sector plans.

Women and retirement income

We are also concerned about women and their retirement incomes and are pleased that, as the Minister of Labour indicated in her June 12, 1991 memorandum to our chairman, "One of the initiatives under the Alberta Plan for Action for Women is to investigate pension options that would assist women to save for retirement. An interdepartmental working group, involving key departments across government, is currently studying this complex area." We would hope that this working group is also looking at the needs of women who have not been in the labour force.

Part-time employees

We have a continuing concern about part-time workers whose earnings are less than 35% of the Year's Maximum Pensionable Earnings under the Canada Pension Plan and who therefore, as the Minister of Labour wrote on June 12, 1991, may not have the option of joining the occupational plan of the business or corporation for which they work. We would like to see consideration given to ensuring that *all* part-time employees be immediately eligible to contribute to a plan on a prorated basis.

Saving for retirement

Each of us has a responsibility to plan for financial security in the later years of our life. This can be done through financial planning and savings during our working years. Tax benefits for contributions to savings plans such as Registered Retirement Savings Plans are essential.

We should emphasize the need for planning for retirement income in educational programs starting at the high school level, as well as in all retirement planning education.

Income support

The federal and provincial income support programs will continue to be necessary for some seniors. For example, it is very difficult for a single mother with small children, working for the minimum wage, to save for retirement income.

We congratulate the Government of Alberta for providing the highest supplement, among all provinces, to the federal income support program.[9] In addition, Alberta provides a number of benefits to seniors which add to their incomes, directly and indirectly — for example premium-free health care insurance and renters' grants.

40% of Alberta seniors are receiving income supplementation.

We suggest that continued monitoring is needed to ensure that this income support is adequate in view of the increasing costs of products and services and to ensure that the system is not abused. As of December 1991, 40%, close to half of Alberta's seniors, were receiving income supplementation from the federal and provincial governments.[10] Of those receiving income support, the majority were receiving more than the provincial minimum amount of $10 a month.[11]

At our public meetings, seniors and others frequently expressed concern about the situation of some divorced and single persons, mainly women, age 55 through 64. These persons are often unable to find paid work because of their age and are too young to be eligible for the income support programs for seniors. They are not eligible, as are widowed persons, for the Alberta Widows' Pension Program and the various benefits that go with it.

Payment for Benefits and Services

In the past year, some members of the public and the government have questioned the practice of providing many benefits to seniors on the basis of age only, regardless of their income and assets.

No agreement among seniors.

This was discussed at a number of our public meetings. We heard a variety of comments from seniors and found that there was no agreement among the senior population of Alberta on this issue.

Some said that older people are well able to manage and that money should be directed to "food and shelter for children." Some seniors proposed income testing and payment for benefits and services, saying that "it creates respect for what you get." This was always qualified with "but the poor seniors should not be penalized." Several suggested that perhaps something could be done through the tax system which would avoid the stigma of having to "identify yourself as poor." However, the "tax system should be fair."

We heard other seniors say that they had worked hard all their lives and saved for their old age. They said that others who had not worked and saved would be able to get the benefits, but not they. "Why subsidize those who spent during their lives?" "All seniors should be treated the same whether they saved or not." "Who wants to be interrogated by having to tell one's income?" "Seniors are too proud to have a means test. They would do without."

This is an issue that will undoubtedly continue to be discussed by the public in the future. Council believes that the present system of benefits for Alberta seniors is excellent and recommends that no changes be made. However, should changes be considered, it believes that the following principles should be kept in mind:

- that lower income seniors not be penalized, that is, that they be exempt from user fees or changes which would lower the current benefit programs;
- that the current generations of seniors, for example, those aged 60 and over at the time of changes who have planned their retirement incomes on the basis of the current benefits, be exempt from new charges or any changes which lower the benefits;
- that, should changes be made in regard to payment for programs, there be consistency in the approach, with all programs affected equally (for example, home care and long term care centres), and with the identical minimum income for the imposition of charges;

- that no changes be made that would make it more difficult financially for people to maintain themselves in community living.

The Family and Community Support Services Program and Services to Seniors

RECOMMENDATION 4

To the Minister of Family and Social Services and to the Minister of Health

The Council recommends that the Ministers examine ways to develop greater coordination between Family and Community Support Services and health units, so that together they build an integrated, coordinated and accessible community service system.

The Family and Community Support Services Program (FCSS) is the major source of funding and organizational help for community social services (community support services) for people of all ages. It is a joint effort of Alberta Family and Social Services and participating municipalities which receive per capita grants from Alberta Family and Social Services to cover up to 80% of the costs of the services. The municipalities determine what services to initiate and fund. The 146 FCSS programs are locally determined, volunteer intensive and preventive in nature.

The Community Health Program, which includes the Home Care/ Community Long Term Care Program, is administered by 27 health units. With 100% funding from Alberta Health, it provides community-based health services, including health promotion, prevention of disease and home-delivered health and support services.

Seniors need both health and social support services.

These programs provide the system of community-based health and social services for older people. It is crucial that they work closely together. Seniors need both health and social support services, as we stress in our discussion of "services to help seniors stay in their homes" in the section on Long Term Care.

We submitted a statement to the FCSS review committee (see Appen-

dix C). In it we pointed out the need to develop greater coordination between the FCSS programs and the health units, even to considering models integrating the two types of community-based "preventive" and "supportive" programs in the rural areas.

We recognize that the health units and the FCSS programs have somewhat different approaches, but we believe that they could share their particular strengths and build together a more streamlined approach to community services.

We are basing our recommendation on our personal experiences with the two programs and also on an informal survey of FCSS programs we carried out this year. We contacted 140 of the programs. The exceptions were the larger urban areas about which we had fairly extensive information.

87 FCSS programs responded to a survey about Seniors' services.

Information was collected from 87 programs (61%), and we found that all but four provided some type of assistance to seniors or to seniors' groups. Appendix D has a chart showing the various types of services these programs are providing. It is of interest that many of them are providing or organizing information and referral services, home help and chore services and transportation assistance — three areas of need identified quite consistently by the seniors at our public meetings.

We also found that in some regions FCSS programs are working quite closely with the health units. We appreciate the contribution the FCSS programs are making to the lives of older Albertans. It is our hope that they and the health units will find ways to increase joint efforts, to build an integrated, effective and accessible system of community services.

Community Information Services and Senior Centres

RECOMMENDATION 5

To the Minister of Family and Social Services

The Council recommends that the provincial Family and Community Support Services (FCSS) consultants encourage and promote the development and strengthening of community information services for seniors and senior centres.

We recognize the important assistance provided by local information services and by senior centres, services for which the public funding comes primarily from the municipal Family and Community Support Services programs.

A number of these information services are with municipal Family and Community Support Services offices. Others are operated by senior centres. These centres provide information and referral services, as well as recreational and social activities, and other services such as meals, educational programs, health counselling and visiting homebound and isolated seniors.

Senior centres need support.

The older people responsible for the senior centres told us at public meetings that they are worried about the funding of centres. They feel that there is a lack of understanding and support for the services which they are providing. All raise a large share of the annual operating budgets of their centres through their own efforts, but they do depend on some basic operational funding from the Family and Community Support Services programs of their municipalities. They asked for our help in creating a better understanding of their work.

The funding of senior centres and of the FCSS local information services is the responsibility of municipal governments. The Minister of Family and Social Services emphasized this point in a September 26, 1991 memorandum to our chairman in response to our 1990 recommendation regarding senior centres. He wrote:

> The autonomy of the local governments in respect to setting priorities is a fundamental tenet of the FCSS program. This requires that seniors and their organizations maintain sound working relationships with local governments in order to ensure that the importance of seniors' centres remains high in terms of municipal priorities.

This comment also applies to support for local information services. In the coming year we will be continuing to examine ways to encourage and promote support for these two needed services. We are also asking that the provincial staff of Alberta Family and Social Services support our concern and assist in interpreting it to local authorities.

A senior said, "It would be cheaper for the government to provide me with transportation and keep me in my own home, than have me move to the seniors' apartments or lodge in town."

Transportation

RECOMMENDATION 6

To the Minister of Transportation and Utilities

The Council recommends that

- **the transportation grant for seniors and disabled persons be increased for municipal jurisdictions where the population base is small and the distances great.**
- **municipalities account to the public for the use of the grant.**

At many of the public meetings, particularly in rural areas, seniors and people working with seniors spoke about the lack of transportation services. In some communities, transportation assistance is available, but not adequate to meet the need, and in other communities there is no help. Seniors saw assistance with transportation as a most important service which, if available, could lessen the need for facility-based care.

Not only is there a need for transportation assistance for shopping and for medical/dental appointments within particular regions, there is also a need, on occasion, for seniors to travel to large centres for specialized health services. In these situations the cost of travel is sizeable.

Increasing the transportation grant has the potential of reducing public expenditures as well as enhancing seniors' independence in the future.

The per capita grant to municipalities for transportation for seniors and disabled persons is not always being used as designated and is not always adequate. In some areas, a double limitation of the grant occurs because the population is sparse and the distances great between small communities and to major centres. This was especially true for seniors living in isolated places, such as Metis Settlements. In some communities seniors were not aware of the grant or how it is being used.

We are pleased with the work being undertaken by Alberta Transportation and Utilities and its Advisory Committee on Barrier-free Transportation. We look forward to hearing more about the policy directions outlined in the January 1992 report, **Barrier-Free Transportation in the Province of Alberta, "Learning by Doing."**

We believe that the need for assistance with transportation may become even greater in the future. The need will increase especially if funding for services and facilities becomes more limited. There will be fewer facilities, and seniors may have to move from their homes and

familiar communities to receive such care. More people may be homebound and without transportation, isolated and dependent.

Increasing the transportation grant and ensuring accountability in the use of the grant so that every area of the province provides some transportation assistance for seniors and disabled persons has the potential of reducing public expenditures as well as enhancing seniors' independence in the future.

Housing

RECOMMENDATION 7

To the Minister of Municipal Affairs

The Council recommends that the Housing Division of Alberta Municipal Affairs provide advice and consultation to groups wishing to develop various types of housing projects for seniors.

A senior said, "Please don't take the property tax benefit away from seniors. They really need it. Seniors are happy to stay in their own homes and don't want to go into institutions."

Each year our Council has made recommendations about housing for seniors, and housing was the second most frequent issue raised at the public meetings. This is not surprising for our living environment — our home — is central to our life satisfaction, especially for those of us who are older and who may spend a greater percentage of time in our homes or living environments. Seniors expressed appreciation for the property tax reduction benefit and for the Seniors' Independent Living Program, saying that these programs helped to keep seniors in their own homes. They talked a lot about special housing for older people.

Because of what we heard at public meetings and because of our own continuing concern about the importance of a variety of options in housing for seniors, we believe that there is a need to involve both the voluntary and the for-profit sector in developing a number of different types of housing projects for older people. We are therefore recommending that the Housing Division of Alberta Municipal Affairs become actively involved in providing advice and assistance to the non-government sector, including seniors' groups, to encourage this development.

We heard a number of suggestions at our public meetings. We heard about

- a need for larger one-bedroom apartments and for some two-bedroom apartments for seniors; this was raised quite often and in

one rural community it was said that the vacancies in the seniors' apartments were due to the lack of two-bedroom units. We recognize that there is a concern about providing such accommodation in subsidized housing. The then Minister of Municipal Affairs indicated this in his meeting with us on September 24, 1991. However, we do believe that it would be helpful to have some two-bedroom apartments in seniors' self-contained apartments. For example, this would make it possible for a helper to stay with a temporarily ill senior, thereby lessening the need for expensive hospital or institutional care.

- a need for affordable housing units in seniors' complexes, available for purchase by middle-income seniors.

- a need for rental housing for middle-income seniors who would like to live in seniors' accommodation; their incomes are too high for the subsidized seniors' self-contained units, but not high enough to afford some of the recently built non-subsidized rental housing for seniors in Edmonton and Calgary.

Need for more options in seniors' housing.

- the need for more options in seniors' housing, options such as cooperative housing projects, mobile home parks, and "assisted living" housing with some support services, for example, meals, available personal care assistance, cleaning help, and on-call help. Some seniors said that they would like to have apartments with such services and even indicated that they would be willing to pay for such services. For others, group homes or even a type of foster care arrangement might be appropriate. This type of housing could lessen the need for costly facility-based long term care.

- the need for more garden suites. A senior said, "I would rather have my mother in my backyard than 115 miles away." At the public meetings, seniors indicated that, while not a preferred option for all, it is an option that should be available.

- the need for the staff of the Housing Division of Alberta Municipal Affairs and of the Canada Mortgage and Housing Corporation to provide advice and direction to groups wishing to develop seniors' housing projects.

Listening to seniors is important.

- the need for those planning and managing seniors' housing to listen to seniors. At one public meeting it was suggested that it would be helpful to listen to older people who are already living in seniors' housing, for they could provide good information on what "works" and what "does not work." Seniors at public meetings made a number of suggestions — the need for elevators, balconies, recre-

ation space, and air conditioning. At one meeting it was said that seniors preferred ground level units with garden space.

- the need to ensure that those living in seniors' housing have some control over their living environment; it was interesting to read of one study carried out in British Columbia which showed that seniors living in cooperative housing projects had a greater degree of satisfaction than those living in senior citizens' rental projects.[12]

We have provided a grant for a study to gather information about two kinds of non-institutional assisted living for older adults, specifically foster care and group homes. We hope that this study will be helpful to us in making further recommendations on this most crucial area of concern.

We are pleased that the Housing Division of Alberta Municipal Affairs is considering a number of the above concerns, as the former Minister indicated in his meeting with us and in his memorandum of September 12, 1991 to our chairman.

Support for Caregivers

RECOMMENDATION 8

To the Provincial Treasurer

The Council recommends that the government promote the amending of the Canada Pension Plan regulations so that the "drop-out" period used in calculating the individual's contributory period be expanded to include the time spent caring for an elderly person who requires full-time assistance with the tasks of daily living.

RECOMMENDATION 9

To the Minister of Labour

The Council recommends that the government encourage and promote a greater understanding among employers about the needs of working people who are assisting dependent older relatives. These employees could be provided with the same benefits as those provided for employees caring for dependent

children. The government could show leadership by providing this for provincial government employees.

We have had a continuing concern about the need for support for persons, the majority of them women, who are providing care to elderly persons living in the community. In 1988, we made several recommendations and developed a background paper dealing with this issue. Quite frequently such care is provided by one elderly spouse for another, a situation in which the health of the spouse providing care may be threatened. Some of the women (and men) in this situation must provide this care and also be employed. This is a very time-consuming and wearing responsibility. Several negative results may occur, for example, a deterioration in the health of the caregiver and in the care given which can lead to an earlier need for institutionalization of the older person.

In some instances, older people may be more vulnerable to abuse and neglect, simply because of the demands made upon those giving the care.

These demands may affect the caregiver's job situation.[13] Some caregivers may be forced to leave paid positions or work only part-time in order to provide this care and, in doing so, lose pension benefits.

This caregiving may make these usually middle-aged women more vulnerable, financially and health-wise, in their senior years. We support a recommendation made by the National Advisory Council on Aging in 1990 regarding pension benefits and caregivers and have included it as recommendation eight in this report.[14]

Employers could take into consideration the needs of employed people who are caring for dependent older people and provide them with the same benefits as those provided for people caring for children.

Supporting caregivers may make it possible for elderly persons to continue living in the community.

We believe that an increase in the services provided by home care (see next section) could alleviate much of the stress felt by family caregivers. Providing help may make it possible for an individual to continue providing care to an elderly person, thereby avoiding the use of costly institutional care. Just sending a helper to the home to give an opportunity for the caregiver to leave for a short period of time can be a great source of assistance to a family caregiver.

Findings from a research study funded by our Council indicate that the use of formal services by caregivers delayed institutionalization of elderly disabled persons.[15] Unfortunately, it sometimes is thought

unnecessary to provide formal services if there is a family caregiver available.[16]

It should be possible for an older disabled person to move to a long term care centre for a temporary period of time which would permit a caregiver to have a more extended period of relief — even take a holiday. This is available now in some communities and is working well.

Day programs can provide benefits for both the caregiver and the older person. There are two types of day programs — day support programs and day hospitals. Day support programs provide an opportunity for an older disabled person to attend during the day a program which offers therapeutic group activities of various kinds, some personal care and health supervision. Day hospitals are programs which an older disabled person can attend during the day which provide rehabilitation and nursing services, as well as medical supervision.

Both types of day programs provide relief for caregivers. For example, the caregiver may choose to use the day program on a regular basis, thereby allowing him or her to have a scheduled period of time free from caregiving. The programs also provide an opportunity for special services and activities for the disabled person.

We are pleased that an Adult Day Program Demonstration Project, funded by Alberta Health and involving eight day programs, is currently underway with a built-in evaluation component.[17]

We will continue to examine the needs of informal caregivers in the coming year.

Long Term Care

RECOMMENDATION 10

To the Minister of Health

The Council recommends that

- **the Home Care/Community Long Term Care Program receive adequate funding to ensure greater equity between community-based and facility-based long term care and that home care funding continue to be protected in a special allocation to the health units.**

- **a classification system for community care be developed similar to that used for facility care, in order to standardize long term care services and funding.**

- **the Home Care/Community Long Term Care Program enhance, strengthen and expand its services, so that it can help people find and reach needed community services, in particular support services such as transportation, grocery shopping and chore services.**

Home Care/Community Long Term Care

We are pleased that the Home Care/Community Long Term Care Program has had budget increases and has been expanded to provide support services for persons under age 65.

We heard in public meetings, "People want to remain in their homes for as long as possible with help from home care. How can we let the government know home care needs more money?"

Seniors are most appreciative of home care and, in fact, feel that more seniors need to become aware of it and understand how it can help. At our public meetings, they said, "It should be more widely advertised," and "We want to stay in our homes and apartments with help from home care."

Finally, we are most pleased that the Home Care/Community Long Term Care Program has been given the responsibility for the single point of entry — assessing people in need of care and assisting them in reaching needed services.

There are, however, some issues arising as the program expands.

- Many additional responsibilities are being given to the home care program, without enough background work being done to determine the staffing and budget required to meet these obligations. In spite of budget increases, many home care programs are feeling very pressured. We heard repeatedly in public meetings that home care needs more resources to meet all these needs.

- There should be more funding equity between facility care and community care. We have recommended and are recommending again that a community classification system, similar to that used in the facilities, be developed and used to standardize long term care and help to ensure more funding equity.

  Residents of each long term care centre are now assessed ("classified") according to the degree or level of care they require. Some require light care only, while others require medium or heavy care. The funding for a long term care centre is based on this.

People receiving community care also range from those requiring light to heavy care. It would be desirable to have a community classification system along the lines of the one used in long term care centres. This could result in Home Care/Community Long Term Care Programs receiving funding for an individual up to what would be provided to a facility for that individual, thereby standardizing funding and care in or out of institutions.

It is our understanding that a community classification tool has been developed, and that it is now being tested. We are pleased to see a start toward the implementation of our recommendation.

- As we said in our discussion of support for caregivers, there is an urgent need for more "respite" services through home care, as well as through facility-based long term care services.

- We understand that the Home Care/Community Long Term Care Program is increasing income-testing for support services, in particular for homemaking services, and that this may possibly include personal care services. While we appreciate the need to control costs, we are also concerned that this may lead to greater pressures for facility-based care which is heavily subsidized by the government, where income testing is not done and where the fee charged is for board and room only, but not for care services. This could make it difficult and unattractive for caring family members to keep older frail and disabled relatives in the community.

At a public meeting a senior said, "I was frightened when my husband was ill, and I had no success in getting the help I needed to take care of him. So now I've sought out facilities in my area in case this happens again."

- We found at the public meetings that there is a concern that some home care staff may not, as yet, be exploring all community care options. More information should be made available to individuals in need, and/or to their caregivers, and they should be helped to access the services.

- Continuing education needs to be available for community health personnel to assist them in identifying older persons with mental health problems and finding assistance for them.

- There is still an attitude/belief among some families that the proper place for an older relative is a care facility. They do not see a role for community care nor do they believe that some frail older persons are able to live independently with assistance. There is a continued need for education about aging and the need to have control and choice in one's senior years to maintain good morale and mental health.

At the meetings we learned of people who moved to lodges simply because they needed help with grocery shopping.

Services to Help Seniors Stay in their Homes

At most of our public meetings we heard from seniors about the importance of help with chores, such as shopping, heavy cleaning, yard work and snow shovelling.

These non-medical support services are not covered uniformly under the Home Care/Community Long Term Care Program, though the lack of such help often forces older people to leave their homes or apartments and move into publicly subsidized facilities.

Currently, some of the home care programs, a number of the Family and Community Support Services (FCSS) programs and some senior centres are providing these services, either directly or indirectly, by linking older people with those who will help. In almost all instances seniors pay in part or in whole for the services, and the vast majority are willing to do so. However, this help is not consistently available to seniors throughout the province.

It appears that we have two separately administered programs providing home-delivered services, the Home Care/Community Long Term Care Program and the municipal FCSS programs (see Appendix D).

Although we do have a single point of entry, we do not as yet have "one stop shopping" — a place for seniors to call for help in obtaining all home-delivered services. As we stated in recommendation four, FCSS programs and health units need to work together to build an integrated, coordinated and accessible community service system.

We support the need for an expanded Home Care/Community Long Term Care Program — a truly *integrated* program of home-delivered services. It should have the ability to provide and/or coordinate services for individuals in need. For those for whom a comprehensive assessment is not needed (for example, the need might be for yard maintenance or snow shovelling only), the program should be able to help them find or locate such help.

Aids to Daily Living Program

We have heard that some older people receiving supplies under the Aids to Daily Living Program may be receiving inappropriate amounts of these supplies. We are concerned that some of the suppliers of these products may be exploiting the situation. A stringent audit system should be introduced. Home care staff should report incidents of

excessive oversupply in order to monitor the use and abuse of the program.

Long Term Care Centres

Long term care centres are a part of the community, not apart from the community.

We see Home Care/Community Long Term Care and long term care centres as a total system of services. This allows individuals in need to receive a service or package of services either at home or in a facility (a long term care centre) which provides shelter and board in addition to a package of services.

Long term care centres absorb a major share of the total provincial expenditures on programs used by seniors. In 1990/91, public expenditures on this type of care (used by 5% of the seniors) were 39% of the total expenditures on programs used by seniors.[18] Such care will always be a very important part of the service system for older people, for there will always be some people for whom this is needed. However, in view of the growing need to curtail public expenditures, we must avoid unnecessary use of these facilities while ensuring high quality care.

Long term care centres need to change.

As we said in a presentation to the Facility-Based Long Term Care Role Study, long term care centres themselves will need to change in order to provide a different quality and type of service.

We emphasized that maintaining and promoting physical, mental, emotional and spiritual health should be the goal of Alberta's health and social support services — *in all settings*. We challenged the facilities to involve residents and families more in decisions relating to their care and to provide education on aging to all levels of staff. Education and counselling for staff is also important to help them cope with the death and dying of residents and the sense of loss or grieving that staff may experience.

Long term care centres should be accountable, not only financially, but also to the people in their care. Centres should be "client-focused."

We need to shift the emphasis in facility-based care from "hotel-model" custodial care to restorative care. We should pay attention to "wellness and maintaining function" and give "control back to the residents . . . empowering them instead of the staff taking over."

Long term care centres could develop and deliver some outreach programs, respite care and health promotion programs, thereby strengthening their links with Home Care/Community Long Term Care.

With the increasing need to control public expenditures, it is necessary for us to ensure effective use of public dollars, avoid duplication and ensure that people in need of help receive appropriate help.

In the future there may well be a role for the nurse practitioner as a coordinator of interdisciplinary services in a facility.

Patient classification and the new funding system represent a major step in the right direction. We are concerned that the budget for facilities be determined in a fair way, addressing the needs of the residents in the centre. We must continue to work with the new system and improve it.

At our public meetings we heard about the need for chapels in facilities. People pointed out the importance of meeting the spiritual needs of residents, and were concerned that in some instances pastoral care services have been cut. We also heard about a need for: more private rooms; separate programs and space for residents with dementia; social work and rehabilitation services; and for all facilities to have bathrooms that are wheelchair accessible.

With the increasing need to control public expenditures, it is necessary for us to ensure effective and efficient use of public dollars, avoid duplication and ensure that people in need of help receive appropriate help.

Bioethics

RECOMMENDATION 11

To the Minister of Health

The Council recommends support for the establishment of a provincial bioethics centre.

Bioethics, the study of human dilemmas in health and illness, is highly relevant to issues and concerns relating to the health of elderly people.

There are many difficult ethical and legal decisions to make.

We are recommending support for the establishment of a provincial bioethics centre, a recommendation which was made by the Premier's Commission on Future Health Care for Albertans,[19] for we believe that questions relating to bioethics require serious examination. There are many difficult ethical and legal decisions to make concerning health care. How should these decisions be made, and who should make them?

In 1985, we prepared a paper on living wills and recommended that people have the right to determine that their lives not be prolonged

solely by extraordinary and artificial means. We are pleased that the Alberta Law Reform Institute has released a report for discussion, "Advance Directives and Substitute Decision-Making in Personal Health Care." It deals with advanced directives and proposes legislation which would enable individuals to appoint health care agents to make health care decisions for them should they become mentally incapacitated.

One of the members of our Council is a member of the joint bioethics committee of the University of Alberta and the University of Calgary.

We will be continuing to examine these complex issues in the coming year.

Older Aboriginal Peoples

For several years the Council has been concerned about the needs of older people of aboriginal background. These older people are a particularly vulnerable segment of the senior population, frequently with low incomes and a great number of health problems.[20]

It was said, "We need more understanding and support for our culture."

We are currently supporting a major survey of the older aboriginal population in Alberta. It is looking at their needs and their perceptions of their needs. Funding has been provided to the University of Lethbridge to enable two professors, an anthropologist and a sociologist, to conduct this survey, which will interview 700 to 900 persons of aboriginal background aged 50 and over. Persons of aboriginal background will be used as interviewers, and Metis, treaty and non-treaty older persons living both on and off reserves will be interviewed. Aboriginal people will be consulted and work in an advisory capacity with the professors and with our Council.

The results of this survey, expected in late 1992, will help us to make relevant and appropriate recommendations concerning this important part of the senior population.

We heard, at our public meetings, of the special need of these older people for home care services. They do not want to be separated from their families. They want home care services delivered by their own people, and there is concern about possible cutbacks in home care. They find "granny flats" or "garden suites" a most suitable option in housing. These older people said they need more information about programs available to them. We were advised to make some of our

information material available in an aboriginal language. These older people said, "We need more literacy programs and more understanding and support for our culture."

Older Immigrants

We were impressed with the efforts of one group of older immigrants to contribute to Canadian society.

Older immigrants constitute another vulnerable group of people in our society. They are often quite isolated and totally dependent financially and emotionally on their adult children who sponsored their immigration to Canada.

We heard about the desire of these older people to become more a part of our society, to learn our language and our customs.

Classes in English as a Second Language are available, but usually are directed to younger people who are seeking employment and educational opportunities. These older people need special classes, adapted to their needs, which include practical and everyday living skills for life in this country.

We would like to see more special classes for seniors in English as a Second Language. Some large seniors' organizations (senior centres) are beginning to reach out to older immigrants. These organizations should receive support for what they are doing, for this is a most important way of assisting immigrant seniors and helping them to become more a part of the Canadian community.

Abuse, Neglect and Exploitation of Seniors

We are including a comment on this issue, as we believe that all of us need to be alert to the possibility of abuse and neglect of older people, both in the community and in facilities. It is recognized that the percentage of seniors living in the community who are subject to such abuse and neglect, according to a national study, is relatively small.[21] This does not negate, however, the need to be concerned.

We have, in the past, attempted to gather some information on this concern and publicize it. In 1985 we conducted a small opinion survey regarding family abuse of the elderly. Our 1986 recommendation resulted in our developing and publishing a pamphlet on this issue

which the Office for the Prevention of Family Violence, Alberta Family and Social Services, has recently revised and is publishing.

Need for protocols and resources.

There is a need to develop protocols and resources for handling situations of abuse, neglect and exploitation of seniors. There should be financial support, on an ongoing basis, for services which have started to meet this need. It is suggested that such services should be available to assist younger adults also who, for a variety of physical and/or mental disabilities, may be equally, if not more, at risk than the majority of older people.

Of greatest importance, older people themselves must become more aware of their rights, more assertive and therefore less susceptible to abuse. A large proportion of the abuse which has been identified is financial abuse, fraud and misappropriation of a senior's funds. At a number of the public meetings we heard about seniors being taken advantage of by door-to-door salespeople. This was mentioned specifically in connection with the Seniors' Independent Living Program and the Emergency Medical Alert Program.

We will continue to examine this sensitive issue in the coming year.

Notes

[1] Statistics Canada. *Postcensal Annual Estimates of Population by Marital Status, Age, Sex and Components of Growth for Canada, Provinces and Territories*, June 1, 1991. Vol. 9. Catalogue No. 91-210. November 1991.

[2] Stone, L. O. and S. Fletcher. *The Seniors' Boom: Dramatic Increases in Longevity and Prospects for Better Health*. Catalogue No. 89-815. Ottawa: Minister of Supply and Services, 1986.

[3] Seniors Advisory Council for Alberta. *Older Albertans, 1990*. Edmonton, Alberta, June 1991, page 19.

[4] *Ibid.*, page 74.

[5] Stone and Fletcher, *op cit.* and McDaniel, S. *Canada's Aging Population*. Toronto, Butterworth, 1986.

[6] Novak, M. *Aging and Society: A Canadian Perspective*. Scarborough, Ont., Nelson, 1988, p. 262, and Stone, L.O. *Family and Friendship Ties Among Canada's Seniors*. Catalogue No. 89-508. Ottawa: Minister of Supplies and Services, 1988, p. 40.

[7] Northcott, H. *Aging in Alberta: Rhetorics or Realities*. Department of Sociology, University of Alberta, unpublished paper, 1990.

[8] Statistics Canada. *Pension Plans in Canada*. Supplement to Publication No. 74-401, July 1990.

[9] The Yukon and Northwest Territories provide slightly higher maximum income supplement payments.

[10] Health and Welfare Canada. *Monthly Statistics: Income Security Programs*, December 1991.

[11] 85% of those receiving payments from the Alberta Assured Income Plan were receiving more than the minimum amount of $10 monthly. Seniors Advisory Council for Alberta, *op. cit.*, page 55.

[12] Doyle, V. M. *Effect of Tenure Type, Age Mix and Subjective Variables on Housing Satisfaction and Wellbeing of Older Persons in Rental, Cooperative and Stata Title Housing*. Doctoral Dissertation. Burnaby, B.C.: Simon Fraser University, 1990.

[13] McKinnon, A. and D. Odynak. *Elder Care, Employees, and Employers: Some Canadian Evidence, a Discussion Paper Prepared for the Demographic Review Secretariat, Health and Welfare Canada.* Population Research Laboratory, Department of Sociology, the University of Alberta, 1991.

[14] National Advisory Council on Aging. *The NACA Position on Informal Caregiving Support and Enhancement.* Catalogue No. H71-2/2-9-1990. Minister of Supply and Services Canada, 1990.

[15] Keating, N. and S. Warren. *Factors Which May Predict the Institutionalization of Alzheimer's Patients.* Unpublished Paper, The University of Alberta, December 1988.

[16] McEwan, K. and M. Farley. *Aging in the 1990's: Current and Emerging Issues for Women.* Proceedings of the Canadian Association on Gerontology Pre-Conference Workshop. Victoria, B.C., October 25, 1990, p. 20.

[17] Alberta Health has published policies and standards for Adult Day Support and Day Hospital Programs. *Adult Day Support and Day Hospital Programs: Policy and Standards.* Alberta Health Working Document, August 1990.

[18] Seniors Advisory Council for Alberta. Presentation Package prepared for the public meetings, January 1992, p. 35. The $405 million expenditures on long term care centres were for operating only (do not include capital expenditures or expenditures for support staff); 10% of the residents of these centres were under age 65.

[19] Premier's Commission on Future Health Care for Albertans. *Rainbow Report: Our Vision for Health.* Final Report. Vol. 1, December 1989, page 33.

[20] Alberta Indian Health Care Commission. *Survey of Indian Elders on Reserve,* August 1989.

[21] Podnieks, E. (principal investigator), K. Pillemer, J.P. Nicholson, T. Shillington, A. Frizzel. *National Survey on Abuse of the Elderly in Canada.* Toronto, Ontario: Ryerson Polytechnical Institute, 1990, page 56.

Part III: 1991/92 Work of the Council

Public Meetings

- 44 were held in all regions of the province with approximately 1,400 persons attending and a report prepared.

Reports and Recommendations to the Government

- 1990 report submitted to the government, tabled in the legislature and distributed to the public; responses received from the Ministers to whom recommendations were directed.
- 1991/92 report prepared which, along with issues studied by the Council, included concerns raised at the public meetings.
- Meetings held with five members of Cabinet: the Minister Responsible for Seniors and the Ministers of Health, Municipal Affairs, Recreation and Parks and Public Works.

Information Dissemination: Seniors Information Line and Resource Centre

- Council responded to 19,060 telephone, letter and personal interview requests for information relating to seniors. More than half, 61%, were from seniors with the remainder from family and friends, government staff and community professionals, academic, students and business people.
- A small collection of resource materials, relevant government and non-government reports and publications maintained.

- Council members took the display and copies of the Council's publications to 21 information fairs and workshops.
- Chairman, members and staff gave 16 speeches/lectures (not including bringing greetings or the public meetings).

Publications/Papers of the Council

- The booklet, *Programs for Seniors*, was written, published and distributed.
- Council wrote and distributed a small brochure, "Highlights of Programs for Seniors," available in English, French, German, Chinese and Ukrainian.
- The four-page FACT SHEET (a newsletter) was published six times and distributed to the public, 3,700 copies each mailing.
- Council wrote, published and distributed the paper, "Older Albertans, 1990," with demographic, service utilization and expenditure data relating to Alberta's senior population.
- "Energize, Don't Tranquilize," a paper containing the proceedings of four forums on medication use and seniors, was published and distributed.
- Proceedings of two information workers workshops, one in October 1990 and one in October 1991 were prepared, published and distributed.
- A report of Council's survey of 140 Family and Community Support Services Programs regarding their services to seniors was prepared (see Appendix D).

Forums/Workshops Sponsored by the Council

- A provincial Information Workers Workshop, co-sponsored with the Alberta Council on Aging, was held in October 1991 in Edmonton.

- A community forum on medication use and seniors, co-sponsored with the Alberta Association on Gerontology, was held in Lethbridge in September 1991.

- A workshop for caregivers of older people with Alzheimer's disease was co-sponsored with the Alzheimer Society of Calgary and held in January 1992.

Senior Citizens Week

- Council sponsored the annual province-wide Senior Citizens Week in June 1991. Posters and information material for the 1992 Week, the theme of which is "Seniors: A Strength of Alberta," were prepared and distributed.

Grants Provided by the Council

- The University of Calgary, Faculty of Social Work (Edmonton Division) to gather information on non-institutional forms of shelter and care for the elderly, in particular foster care.

- The Lethbridge and District Alzheimer Society and the Alzheimer Society of Calgary to underwrite part of the costs of two workshops, one in Lethbridge and one in Calgary, both held in January 1992 and dealing with caring for people with Alzheimer's disease.

- The Alberta Association on Gerontology (two) to underwrite some of the costs of a forum on medication use by seniors (in Lethbridge, September 1991) and to underwrite part of the costs of seniors attending a major provincial conference on aging, "Dawn of a New Age," held in Edmonton in December 1991.

- The Canadian Association on Gerontology (CAG) to assist Albertans to travel to the CAG conference which was held in Toronto in October 1991.

- The University of Calgary to assist with the costs of a colloquium on improving the quality of life of older adults.

- The Alberta Council on Aging (two) to underwrite part of the costs of its operating budget and to underwrite the costs of the Information Workers Workshop, held in October 1991.

- The Volunteer Centre of Calgary to cover the costs of producing a report on senior volunteers.
- The Brooks and District Seniors Outreach Society to assist with the costs of a joint seniors' wellness project with the health unit.
- The Brooks and District Hospital Volunteer Society to assist with the costs of an interdisciplinary conference on gerontology.

Comments on Discussion Papers/ Reports and Presentations

- At the request of the National Advisory Council on Aging (NACA), comments on the NACA pamphlet on intergovernmental relations and the aging of the population.
- At the request of Patricia Black, MLA, Calgary Foothills, comments on the report of the Alberta Automobile Insurance Board on premium stability in compulsory automobile insurance.
- To the Family and Community Support Services (FCSS) Program Review Committee, comments on the FCSS program (see Appendix C).
- To the Alberta Long Term Care Association Long Term Care Role Study, a presentation given (see Appendix E).
- Comments on the Alberta Health paper, "A Strategy to Develop Health Goals and Objectives for Alberta."
- Comments on the Alberta Law Reform Institute report for discussion, "Advance Directives and Substitute Decision Making in Personal Health Care."
- Comments on the Program Access Arrangements material (suggested changes in seniors' programs) distributed at the January 30, 1992 consultation meeting with representatives of seniors' groups, convened by the Minister Responsible for Seniors.

Workshops/Conferences Attended

- The Caring Community Conference held in Toronto in April 1991, sponsored by Ryerson Polytechnic Institute

- Canadian Association on Gerontology annual meeting and educational conference held in Toronto in October 1991
- Conference on Senior Centres held in Ottawa in November 1991
- Spirituality and Aging held in Camrose in September 1991
- Dawn of a New Age held in Edmonton in December 1991
- People in Progress, District #24 conference held in Edmonton in February 1992
- Meeting of Provincial Advisory Councils held in Toronto in October 1991 in conjunction with the annual conference of the Canadian Association on Gerontology.

Liaison with Government and Non-Government Committees

- The Minister Responsible for Seniors' Consultation with Seniors' Organizations
- Interdepartmental Committee on Continuing Care
- Interdepartmental Committee on Senior Citizens
- Alberta Health Long Term Care Liaison Committee
- Alberta Health Home Care Advisory Committee
- Alberta Health Older Adults Working Group on Health Goals and Objectives for Alberta
- Alberta Health Long Term Care Facility Sector Role Statement Working Group
- Long Term Care In-Service Resource Centre Advisory Committee
- The University of Alberta Centre for Gerontology Development Advisory Committee and the Advisory Committee to the Certificate Program in Gerontology
- Program Committee, Canadian Association on Gerontology Conference, October 1992

- Interagency Council on Aging
- CNIB Client Services Committee
- Edmonton Region Long Term Care Planning Committee
- Alberta Committee on Multiculturalism, Seniors and Aging
- Canada Mortgage and Housing Provincial Committee on Seniors' Housing

Council Committees

- The Executive Committee is composed of the chairman and the vice-chairman of the Council, the chairmen of the two standing committees and one member-at-large; it is responsible for the overall policy direction for the Council.
- The Communications Committee is responsible for the Council's public relations work, the public meetings, publications and, as well, the grants program and Senior Citizens Week promotion.
- The Social Policy Committee reviews issues relating to social policy and programs for seniors, carrying out the necessary background study and research, and prepares recommendations for review by the Council. It also provides the leadership in developing responses to government and non-government policy papers and documents.

APPENDIX A

Seniors Advisory Council for Alberta Act

Seniors Advisory Council for Alberta Act

Her Majesty, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Definitions

1 In this Act,

(a) "Council" means the Seniors Advisory Council for Alberta;

(b) "Minister" means the member of the Executive Council charged by the Lieutenant Governor in Council with the administration of this Act.

Council established

2(1) The Seniors Advisory Council for Alberta is established.

(2) The purposes of the Council are

(a) to advise, report to and make recommendations to the Government on matters relating to senior citizens in Alberta, their well-being and their opportunities for full and equal participation in the life of the Province;

(b) to encourage public discussion and consultation on matters relating to senior citizens;

(c) to review, analyze, consult and make recommendations to the Government respecting

(i) legislation and policies affecting senior citizens, and

(ii) the funding and co-ordination of programs and services relating to senior citizens;

(d) to make recommendations to the Government on grants;

(e) to undertake additional activities at the request of the Minister

(3) The Council shall make its recommendations to the Government through the Minister.

(4) In carrying out its purposes, the Council may

(a) receive and hear petitions and submissions from individuals and groups respecting the views and concerns of senior citizens;

(b) provide information to the public and publish reports on matters affecting senior citizens;

(c) access research and data on which to base studies and make recommendations on matters of concern to senior citizens;

(d) appoint committees consisting of members of the Council and other persons.

Council members

3(1) the Council shall consist of not more than 20 members appointed by the Lieutenant Governor in Council for terms not exceeding 3 years.

(2) At least one member of the Council shall be appointed from each of the following:

(a) the Members of the Legislative Assembly;

(b) the Alberta Hospital Association;

(c) the Alberta Medical Association;

(d) a university as defined in the *Universities Act*.

(3) The Lieutenant Governor in Council shall designate one of the members as chairman of the Council.

(4) A member of the Council continues to hold office after the expiry of that member's term of office until

(a) the member is re-appointed,

(b) a successor is appointed, or

(c) a period of 3 months has elapsed, whichever occurs first.

(5) A member of the Council is eligible for reappointment if the reappointment does not result in more than 6 consecutive years of service by that member.

(6) The members of the Council and members of committees appointed under section 2(3)(d) shall receive

(a) remuneration, and

(b) travelling, living and other expenses incurred in the course of their duties under this Act as determined by the Minister.

Staff

4 In accordance with the *Public Service Act*, there may be appointed the employees required to conduct the business of the Council.

Meetings

5 The Council shall meet at least twice in 1991 and at least 4 times in each of the following calendar years.

By-laws

6(1) The Council may make by-laws for the conduct of its business and affairs.

(2) The *Regulations Act* does not apply to the by-laws of the Council.

Annual report

7(1) Before June 30 in each year, the chairman of the

Council shall submit to the Minister an annual report of the activities undertaken by the Council during the previous fiscal year.

(2) The Minister shall lay a copy of the report before the Legislative Assembly if it is sitting, and if it is not, within 15 days after the commencement of the next sitting.

Expiry

8 *This Act expires on December 31,1999 unless it is continued for a further period by the Lieutenant Governor in Council.*

APPENDIX B

Executive Summary and Comments

Report on the Public Meetings Held by the Seniors Advisory Council for Alberta in 1991

Executive Summary and Comments

In 1991, the Seniors Advisory Council for Alberta held 44 public meetings in various regions of the province. The meetings were organized and hosted by local organizations in response to a letter sent by the chairman of the Council in January 1991. Sixteen of the meetings were held in senior centres, and the remainder were held in community buildings, seniors' housing complexes and lodges, long term care centres and hospitals.

Approximately 1,400 persons attended. They were mainly seniors, but at each meeting there were always a few people who were working with older people, for example, Family and Community Support Service workers and home care staff.

The meetings were not "consultation" meetings to discuss issues, but rather meetings for informing and listening to assist us in making good recommendations to the government. Seniors were telling us they wanted to be heard by Council, and we ourselves felt a need to increase our direct contact with the seniors throughout the province.

We prepared a presentation package which contained information on the provincial programs used to a great extent (85% or more) by seniors. Copies of this package were distributed to those attending each meeting, and the material from the package formed the major part of our presentation. Following the presentation, we had an opportunity to listen to the questions and comments raised by those attending.

One Council member assumed the responsibility for coordinating the meetings and for presenting the information, but she was always accompanied by a second person, often another member of Council. This was important, for the second person was able to keep a careful record of all the questions, comments and concerns brought to our attention.

The information from the recordings has been categorized and entered into a computer program. This makes it possible for us to identify major areas of concern to seniors and details of these concerns, by location of meeting and/or by department responsible. This information will be available to anyone who would find it useful.

We found the public meetings to be an effective way to reach more of

the seniors of Alberta — to inform, to listen and to learn from them. This report is a record of what we heard from Alberta seniors.

Seniors appreciated the meetings. We were told, "Seniors like the non-bureaucratic approach. They find the meetings empowering for they feel they are being listened to." There were a number of comments about our Council which reflected a general feeling that our work is effective, but that our role in influencing the government should be strengthened, thereby increasing our ability to carry out the legislated mandate of the Council.

We found that clarifying program information was an important part of what we did at the meetings. Seniors asked us many questions about the details of programs, especially of those health benefit programs where recent changes had been made. There was some concern and confusion and, in a number of instances, seniors and those working with them had misinformation. Our clarification of the program details relieved their anxiety and concern. This experience impressed upon us the need for the government to be very clear and direct in announcing changes in programs for seniors.

On the basis of our experience with these meetings, we believe that we must maintain and strengthen our information service, continue providing information at the public meetings and look at further and more innovative ways of informing older adults. Having accurate, current information about programs and knowing how to access the programs helps senior people make appropriate decisions about their lives and is an important aspect of their maintaining independence.

There were four areas of concern raised quite consistently by older people at most of the meetings, whether in an urban or rural area, in the north or the south of the province. These were home care, services to help you stay in your home (assist with daily chores), transportation and housing.

We often heard that home care needs more resources. "Seniors want to stay in their own homes with help from home care." We became even more aware of the importance of home care as a source of information and in helping people access and coordinate home-delivered services.

Older people also pointed out the need for services such as heavy cleaning, yard work and snow removal, home maintenance assistance, meals on wheels and wheels to meals and help with grocery shopping. They often seemed willing to pay something for this help, but did not know how and where to get it. This reinforces our belief that the non-

medical support services are a most important part of a comprehensive home care program. We would also like to find ways to encourage seniors to help each other with the provision of these support services.

The Seniors for Seniors Co-op in Brandon, Manitoba is an example of what can be done when seniors organize specifically for this purpose.

Transportation was raised frequently as a concern, especially in rural areas where the population is sparse and the distances great. The need for transportation assistance for seniors will become increasingly important in the future if there is a general curtailment of government funding for facilities and services.

Comments about housing were made at almost every meeting. Seniors appreciate the Property Tax Reduction Benefit, the renters' grants and the Seniors Independent Living Program for they help people maintain their own homes. Many suggestions were made regarding seniors' self-contained units, including the suggestion that seniors living in these apartments should be asked about what "works" and what does not "work."

Seniors told us that they want options/choices in housing and mentioned the following: seniors' housing for middle-income people, apartments with services such as meals, garden suites and cooperative housing. There was some interest among seniors in organizing their own cooperative projects. We believe that it would be helpful for the government to provide more advice and direction to seniors' organizations and other community groups wishing to develop alternative forms of housing for seniors.

Finally, we were very impressed with the care provided in a long term care centre in the province. It seemed to us to be "life-giving" care, and we wrote to the Minister of Health about this. We know what can take place in Alberta's long term care facilities — that they have the capability to provide excellent care and a high quality of life for residents. We hope that in the future we will see this quality of care and concern in all our long term care centres.

Seniors have told us much. Their comments and observations impressed us. Much of what we have learned has given us additional insights into the issues we have been studying this year and is being incorporated into our 1991/92 annual report. We will be continuing our public meetings. There are many invitations to which we have not yet responded, and we feel that these meetings have proven to be an excellent way to both inform and listen to the seniors of Alberta.

APPENDIX C

Letter to Don Tannas, MLA, Chairman of the Family and Community Support Services (FCSS) Review Committee

Memorandum from Thos. N. Musgrove, MLA, Bow Valley to Don Tannas, MLA Highwood, Chairman, Family and Community Support Services Review Committee

Comments on the Family and Community Support Services Program and Seniors from the Seniors Advisory Council for Alberta

Don, I am writing to you in your capacity as chairman of the committee reviewing the Family and Community Support Services Program. The members of our Council appreciated your coming to their meeting to talk about the review and have asked me to submit the following comments about the Family and Community Support Services Program for the consideration of you and your committee.

We believe that the Family and Community Support Services Program (FCSS) is a most important program and one that has particular relevance for older people. It is the major source of funding for a variety of support services for them and has also stimulated the development of a number of innovative programs.

The services to which we refer are information and referral, senior centres (in particular, the larger ones providing services), meals-on-wheels, outreach/visiting and a variety of home support services, ranging from homemakers providing assistance with personal care and household chores to home helpers providing assistance with a variety of heavy chores and minor household repairs.

We are particularly aware of these as, for the past few months, we have been contacting rural FCSS programs to obtain a picture of their involvement with seniors, and at this time we have information from 52% of the 140 programs contacted. We hope to continue this and obtain a fuller picture as this will be most useful for the Council's Information Services.

In addition to the survey, a number of our members have attended your public meetings, and several have worked closely with FCSS programs and with services funded by FCSS.

We like the emphasis on local initiative in FCSS. This enables communities to develop programs specific to their needs. However, we do believe that more effective use could be made of the human and financial resources of FCSS if it was linked more closely with the health units.

First, we support the recommendations of the Family and Community Support Services Association which propose that all home support

services become the responsibility of the home care program, so that there is a "single point of entry" for all community care services which have public funding.

Both the health units and FCSS are developing "preventive" programs. Both involve municipal governments. We have found that these two agencies share many of the same concerns and ever. "target groups." We believe strongly that more collaboration and joint planning between these two systems would lead to more effectiveness.

We would like to propose that consideration be given to ways in which this could be achieved, including a review of the feasibility of integrating the two programs. Such an integration could result in greater cost effectiveness and cost benefits, for there could be sharing of administrative services.

There are various models that could be examined; for example, the model developed in the Barons-Eureka-Warner Health Unit could be reviewed, with the possibility of trying it in other health units of the province.

We recognize that there are problems in regard to program boundaries, for the FCSS program boundaries do not "fit neatly" into the boundaries of the health units. Also, there are some differences in the underlying philosophies of the two services. However, surely there would be ways to overcome this. Better services to the public and greater cost effectiveness should be the primary consideration, not the maintenance of territorial physical or philosophical boundaries. Both approaches are needed in work with people of all ages and especially in work with older people. Neither the "medical" model or the "social" model alone is needed, but rather an "integrated" model.

We hope that these comments will be helpful to you. We will be continuing to look at FCSS for, as I mentioned above, it is a most important program for seniors, and we may well include some recommendations on the program in our 1991/92 report.

Thos. N. Musgrove

Yours sincerely,
Thos. N. Musgrove, MLA
Chairman

APPENDIX D

Information from 87 Family and Community Support Services Programs Concerning Services for Seniors

In its survey of 140 Family and Community Support Services (FCSS) Programs in 1991, Council gathered information from 87 of them (61%) concerning their services which are used by seniors. The attached chart shows the 87 programs with the services they provide. The services are grouped under the following headings:

A Meals on Wheels
B Medic Alert
C Home Help
D Homemakers
E Senior Citizens Week
F Education
G Information Referral
H Transportation
I Social/Recreational
J Counselling
K Printed Material
L Support Groups
M Visiting/Phone
O Other

Location	A	B	C	D	E	F	G	H	I	J	K	L	M	N
Airdrie, City of	■							■		■				
Athabasca, County of	■		■	■			■							
Banff	■	■	■	■			■	■	■					
Barons-Eureka-Warner	■		■	■		■	■				■			■
Barrhead Town & County	■	■		■			■	■	■			■	■	■
Beaumont, Town of	■	■	■	■				■		■				
Beaverlodge, Town of	■	■	■	■	■	■	■	■	■		■		■	
Berwyn, Village of		■	■		■		■				■			
Black Diamond, Town of								■						
Bonnyville & District	■	■	■			■	■			■	■			
Brazeau, M.D. of			■	■										
Brooks/Bassano	■	■	■	■				■	■				■	
Bruderheim, Town of									■					■
Camrose and District	■		■	■		■		■	■	■				■
Canmore	■	■	■	■			■	■						
Cardston	■							■	■					
Caroline, Town of	■			■			■							
Claresholm, Town of	■	■	■				■		■					
Cochrane, Town of			■		■	■	■			■	■		■	
Crossfield, Town of														
Crowsnest Pass	■		■					■						
Cypress, M.D. of														■
Dene Tha' Ehts-Andc				■										
Didsbury, Town of		■					■			■		■		
Drumheller			■		■	■	■		■		■	■		■
Eckville				■		■	■		■					
Edson, Town of					■		■		■		■			
Elk Point, Town of	■		■		■	■	■	■	■		■		■	■

continued

Location	A	B	C	D	E	F	G	H	I	J	K	L	M	N
Fairview, Town of		■			■	■			■				■	
Flagstaff, County of			■	■		■	■			■	■	■		■
Foremost, Village of	■		■											
Fort Chipewyan, Town of	■		■	■			■	■					■	
Fort Macleod	■		■	■		■	■	■	■		■			
Fort McMurray	■			■			■	■					■	■
Fort Saskatchewan			■	■	■		■		■				■	■
Fox Creek, Town of									■					
Gibbons, Town of	■		■		■			■						
Glendon, Village of	■		■											
Grande Cache														
Grande Prairie, County of		■	■	■	■	■	■		■		■	■	■	
Granum, Town of					■				■					
Hanna, Town of			■		■		■	■	■					
High Level & District	■		■		■		■	■	■					
Hinton		■		■	■	■	■	■	■		■			■
Hytine, Village of	■	■	■				■						■	■
Innisfail, Town of	■		■	■				■	■					
Irricana, Village of			■				■							
Jasper, Town of			■	■	■	■	■	■						■
Kneehill, M.D. of														
Lac La Biche & District			■	■			■	■	■		■			
Lacombe & District	■		■	■			■	■						
Lacombe, County of														
Lakewood		■	■					■						
Leduc, City of	■	■	■	■		■	■	■		■	■			■
Leduc, County of			■	■			■		■		■			
Lesser Slave Lake	■		■	■	■				■				■	
Mannville-Minburn-Innisfree	■		■	■	■	■					■			■
Morinville, Town of	■		■										■	
Nampa		■	■				■	■						
Nanton	■				■		■	■	■					
Okotoks, Town of			■			■	■	■					■	
Paint Earth, Country of	■		■	■		■			■			■	■	
Peace River, Town of			■	■			■	■	■					
Ponoka, Town of	■	■	■	■		■	■	■					■	
Provost and District	■	■	■	■	■	■	■	■	■	■	■	■	■	
Rimbey	■	■	■	■			■						■	
St. Paul, County of		■					■							■
St. Paul, Town of	■						■							■
Smoky River							■	■						■
Stettler & District	■	■		■			■	■					■	■

Location	A	B	C	D	E	F	G	H	I	J	K	L	M	N
Stony Plain, Town of							■							
Sturgeon, M.D. of						■		■	■					
Thorhild, Village of			■	■	■	■	■							
Three Hills, Town of							■	■	■	■				
Tofield, Town of					■									
Two Hills, Town of	■					■	■	■					■	■
Vegreville, Town of	■		■	■										
Vermilion, Town of	■	■		■			■			■			■	
Vermilion River Area	■	■	■	■	■		■	■	■		■			
Viking, Town of	■	■	■	■		■	■	■		■	■			■
Vulcan, Town of							■	■			■	■		
Wainwright	■	■	■	■		■	■	■					■	
Westlock & District				■		■	■	■	■	■			■	
Wetaskiwin, City of	■		■	■	■	■	■	■		■			■	
Wheatland			■	■	■	■	■					■		■
Whitecourt, Town of	■		■					■	■				■	
Yellowhead						■	■		■	■	■		■	
Total	**45**	**26**	**53**	**43**	**24**	**29**	**56**	**43**	**33**	**15**	**21**	**9**	**26**	**22**

APPENDIX E

Council's Presentation to the Alberta Long Term Care Association's Facility-based Long Term Care Role Study

I should preface my comments by reporting that we have not had time to meet as a full Council to discuss your initiative. We do have a sub-committee that looks specifically at issues such as these, so we have met and have also solicited the views of members and I have attempted to incorporate their comments and concerns.

The Council has over the years published a number of informative reports that set out some of the hopes and aspirations of seniors in terms of future provisions of care services. Hence, the members of Council do applaud the effort that you are making by undertaking this survey and raising such salient points for discussion. At the same time, I should report that we are supportive of the many government initiatives that are being taken on behalf of seniors and are summarized in Figure 1. The Council feels that it has been instrumental in promoting the Single Point of Entry initiative and the increased investment in Home Care and community- based services. At the same time, we have encouraged review and revision of the role of nursing homes and auxiliary hospitals to provide integrated long term care centres. We believe that the patient classification system, with all its warts and pimples, is also a step in the right direction.

Figure 1

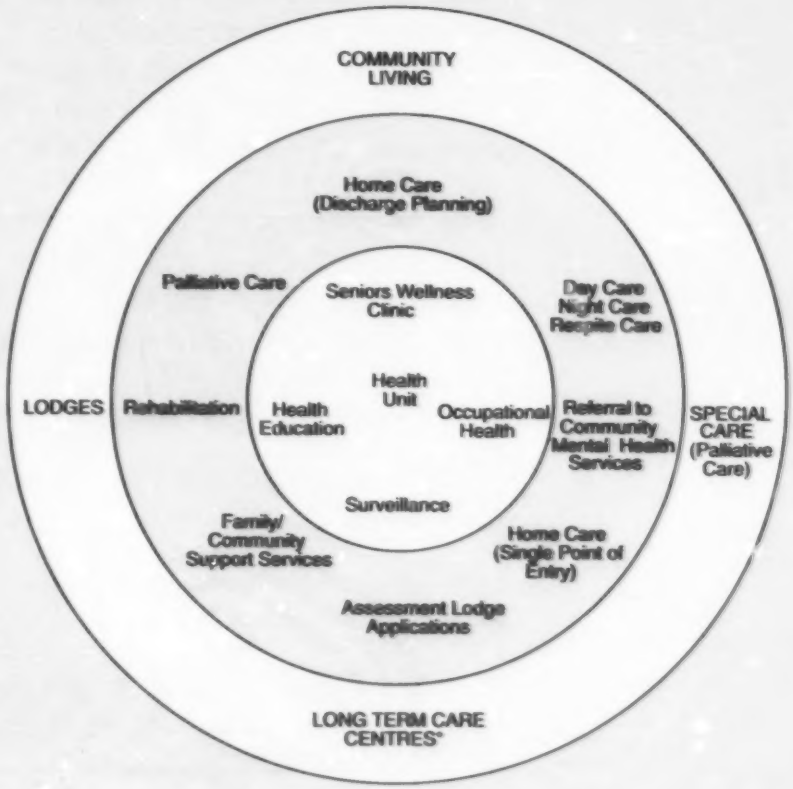
Directions of Government Policy for (Alberta) Seniors

1. Provision for maximum independence and choice.
2. Encouragement of continued participation in family and community life.
3. Involvement of seniors in planning, development and assessment of services.
4. Provision of programs providing education on aging both in educational institutions and in the community.

The reason that we are interested in your initiative, however, has to do with our concept of care and how we would like to see services for seniors evolve and become more integrated. In our 1989 Report we published the model set out in Figure 2. The central core of services is designed to promote and maintain independence and would be coordinated by health units and home care services. Single Point of Entry, Family and Community Support Services, and mental health services

are all part of the continuum and on the outer perimeter of our model we have totally independent community living as well as lodges and long term care centres. We see the institutions as being part of the community, not apart from the community. In view of this we would welcome initiatives from the institutional sector that could provide outreach programs such as day/night care, respite and palliative care or provisions for people with specific needs. I should add, however, that the Council has never been that impressed by the phrase "Long Term Care Centre" because of what it implies, a form of incarceration until "death do us part."

Figure 2
Community Health and Long Term Care



We have proposed to the government and to Alberta Health a Continuing Care Act rather than a Long Term Care Act. We realize that arguing over a name may be considered semantics, but we strongly believe that the title determines the whole philosophy of care and what we strongly advocate is a continuum that embraces independent living, community

and institutional care at different times and for varying periods in old age. The image of long term care centres tends to be a very negative one, and we feel that some changes could be made address the image problem that you have identified.

Figure 3

Trends Likely to Effect Delivery and Type of Health Services?

1. Demographics
2. Birth changes
3. Stability of economy/population
4. Social trends and expectations
5. Supply of health care professionals
6. Public funding
7. Litigation
8. Clinical technology
9. Institutional vs. community-based care

In our deliberations as an Advisory Council we have also tried to address the demands for services that will arise due to demographic changes and other changes set out in Figure 3. Early in the next century over 21% of our population in Canada will be over the age of 65 years. The provision of services and quality care is going to be very much dependent upon our economy and this raises major issues as far as rural populations are concerned. We are seeing a major decline in the economy of agricultural areas and the predictions are that this will continue. This has important implications for rural communities and the provision of services as younger people leave these areas reducing, not only the informal care network but also, the tax base that finances services to dependent people irrespective of age. One of the concerns that we have about the trend to community-based services is the assumption of the government that there is a whole army of informal care givers who can and are willing to provide care to elderly relatives and friends. Now that might, or might not, be the case but we feel that until we have more evidence upon which to base this assumption we

have to be careful in the way we develop policy for the future. So there is clearly a role for institutional care, but I think the institutions themselves have got to change in order to provide a different quality and type of service. One of the reasons for this is simple social trends and expectations. Very few people who currently work in the long term care sector would wish to see themselves as patients or residents in such facilities. In many ways this is an indictment of the care and lifestyle that we provide. We work in these facilities but would not wish to be cared for or to spend the latter part of our life in these facilities. The next generation of elderly will expect to be supported in the community for as long as possible and, if they do ultimately submit to institutional care, they will be looking for a milieu that provides more of a lifestyle rather than a life-sentence. You have the opportunity, in this review, to identify and effect changes that will improve the quality of life of older people in institutional care. That should be a clear objective, and it will contribute in a significant way to improvement in the public and professional image of your sector of care.

There are other issues that we cannot ignore such as the increasing demand on the health care system and more specifically the level of funding to institutional services compared with community services. Canada has one of the highest rates of institutionalization in the Western World and with changing demographics this form of care might not be financially sustainable. The perpetual fear of litigation also affects the quality of care that patients receive because it limits our willingness to create a residential milieu that permits the elderly to have autonomy and take risks.

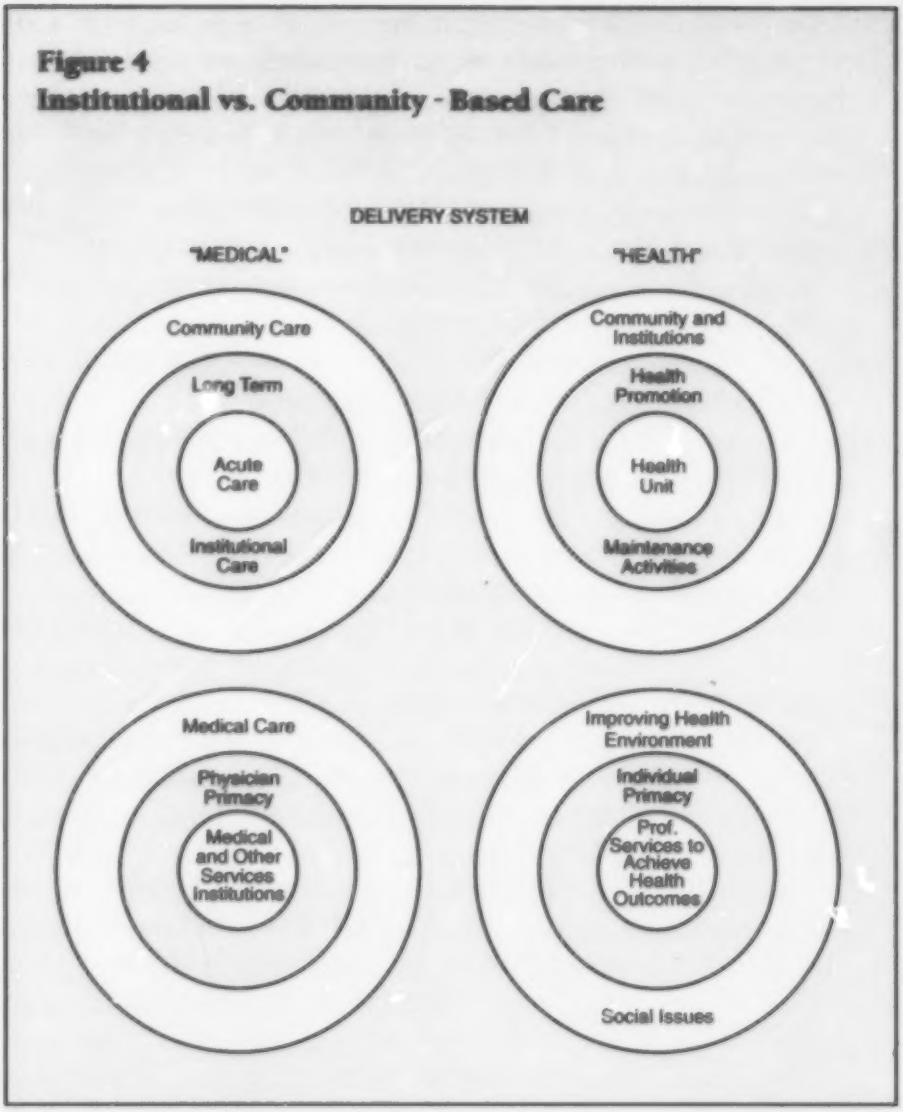
There is also the question of increased clinical technology which is very expensive and is largely invalidated in terms of effectiveness and measurable outcomes. Also, any decision to increase medical staff has to be balanced by a critical review of the advantages that increased medicalization of services to the elderly would bring. Do the elderly need more diagnostic and medical procedures when we are unsure of outcomes or benefits? Or should we be moving from a medical model of care to a health model, as set out in Figure 4, even within the context of the institutional as well as the community setting? The development of services that promote independence and maintain autonomy might be more cost-effective and beneficial. These services and programs are likely to be more restorative and social than medical. In addition, unlike medical treatments they may have fewer cost/care implications because they would be designed to promote and maintain self care and mutual aid for as long as possible. Even in the case of caring for the cognitively impaired, investment in staff education and

training to improve management could be both a cost effective and cost beneficial measure.

There is also the whole issue of institutional versus community care services. The balance will be determined by government decisions and policies. While the Seniors Advisory Council remains a strong advocate of independent/interdependent living in the community, we feel that more could be done to promote quality of life issues within the institutional sector. Maintaining function for as long as possible and promoting physical, mental, emotional and spiritual health should be a unifying goal of our health care system irrespective of location. Thus we must become more adept at involving residents/clients/patients in decisions that relate to their care and well being. This would also mean involving family, friends and other informal caregivers. It is also important that residents/patients are satisfied with the services that are being provided. In addition, if we wish to improve the quality of care and promote positive attitudes towards the elderly in our care, we must be prepared to offer more education on aging to all grades of staff. This would aid the long term sector and help to eliminate some of the negativism that is applied to long term care. It will also help to overcome the feeling that a lot of care and routines are designed to meet the needs of the institution rather than the needs of the elderly person.

Innovative ideas on care, patient/resident involvement and control, changes in ward and unit routines will enrich both the life of the elderly person and increase job satisfaction for staff. Implementing change is extremely difficult because there appears to be a form of institutional inertia that favors maintaining the status-quo, and some of the problems are set out in Figure 4a. The result is often a rigid system of care dictated by the need to meet the expectations of staff.

Figure 4
Institutional vs. Community - Based Care



There is also a tendency to take over more and more patient care activities and reduce opportunities for self-care thereby increasing the elderly person's level of dependency. Hence, the way we currently organize and deliver care removes more and more responsibility from the elderly person and invests it with the staff. Combine this with the low levels of activity, motivation and sensory stimulation and what we have, in actual fact, in many of our institutions are elderly people who are "clean and sitting quietly." I know that some of you will find that a very offensive comment, but few of us ever have the opportunity to experience what it is like to receive rather than deliver care.

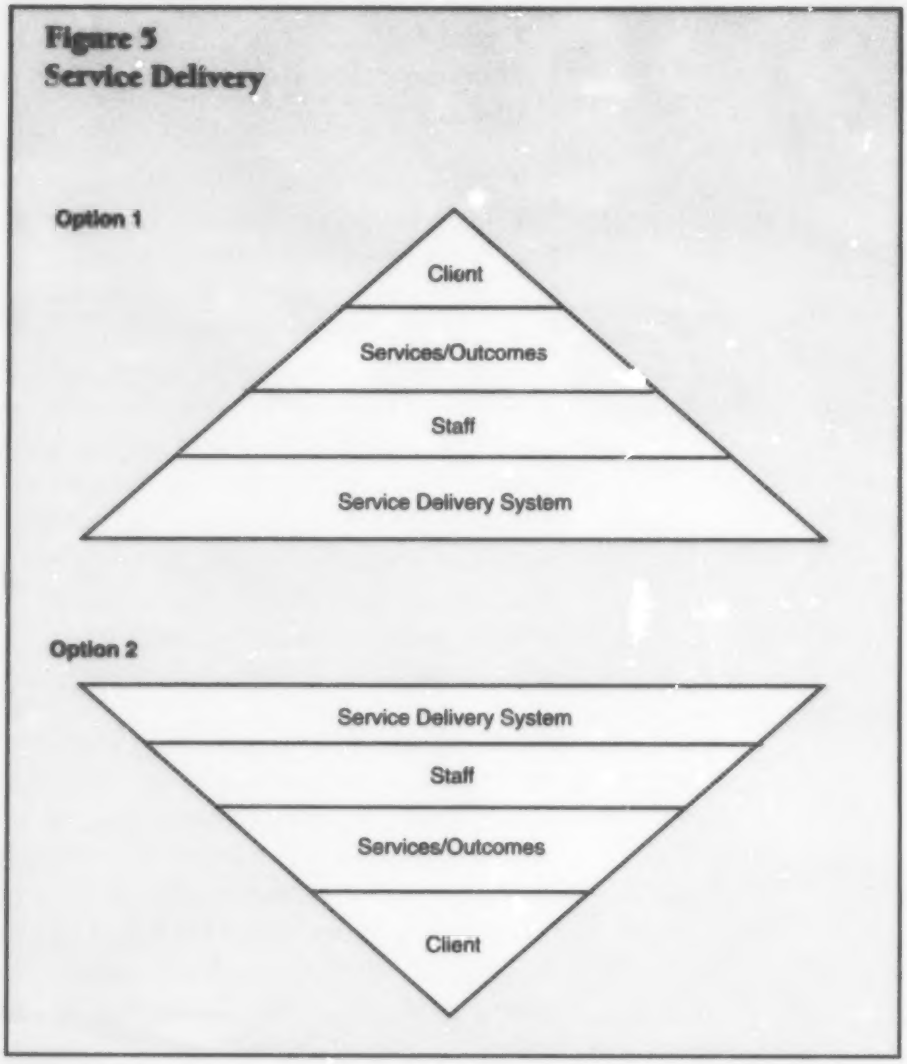
Figure 4a
Planning Process
Obstacles

- lack of expertise
- reluctance to be innovative
- tendency to resist change, maintain status quo
- not prepared to consider all the options or initiate change
- professional self-interest protects turf
- placing self-interest above the units

In addressing the issue of flexibility versus accountability you need to decide whether these terms are mutually exclusive or complementary. We believe that it is possible to be both flexible and accountable. We should be accountable to the people in our care. We obviously have to be financially accountable. But we can also be flexible if the service delivery system is client focused (Figure 5, Option 1), and the role of administration is to support the delivery of care rather than control it.

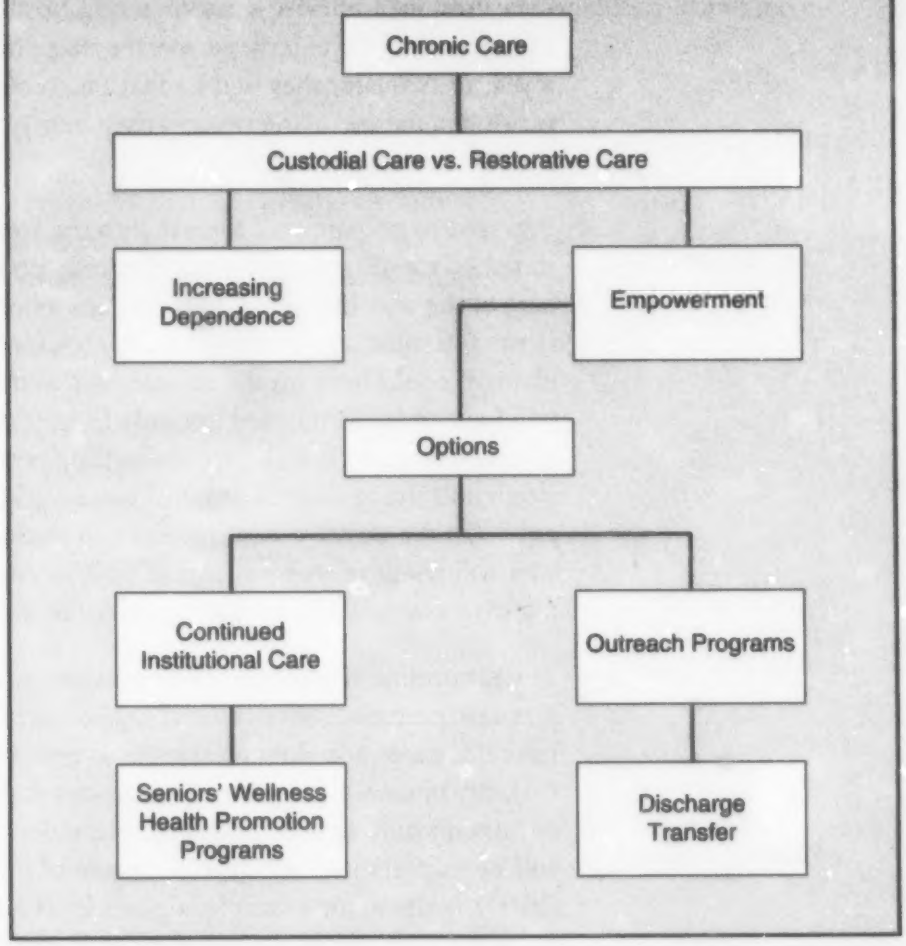
If the services are to become more client focused, they must be sensitive to need as well as expectation. Hence, in long term care there is an opportunity to develop outreach programs, day/night care, palliative care, respite programs and shift the emphasis from "hotel-model" custodial care to restorative care. We have noted your reference to rehabilitation services, and we would like to see more provision for this type of care. By comparison restorative care can be practised and promoted by all grades of staff if appropriate in-service education is provided.

Figure 5
Service Delivery



The objective is to maintain the function and promote the health of the institutionalized elderly. In the community a great deal of importance is being attached to seniors' wellness and maintenance of function. Similar initiatives should be taken in long term care. We see it as fundamental to the individual's quality of life and an approach to care that might stop, or significantly slow, the progressive decline in function with resulting loss of independence and rise in dependency that follows admission to institutional care. Thus we are giving control back to the resident; we are empowering them instead of the staff taking over. Hence, the residents have a number of options. They can continue to have institutional care, but it means institutional care at a much higher level of function and we would hope with a higher quality of life and greater satisfaction. It also opens up the option of being discharged back into the community supported by outreach programs (Figure 6).

Figure 6
Custodial Care and Restorative Care Options



New initiatives in care within the long term care sector, outreach programs and health promotion activities could considerably reduce the need and demand for more long term beds. What we, as a council, wish to see is more effective use of community and institutional resources across the continuum of care. The idea of admission and discharge, use of outreach programs and re-admission also has important implications as far as outcome measurement is concerned. Outcome measurement is increasingly becoming the buzzword. A satisfactory outcome for a long term care resident might be maintaining or improving function, level of satisfaction with care and quality of life, discharge or transfer to an outreach program, good palliative/terminal care resulting in a good death.

Aging is both progressive and irreversible, it can not be halted, so that no matter how much a person's functional capacity is stabilized, one or

two years later there will have been some natural loss or function. We are not dealing with a broken leg that can be healed, and the patient can be discharged. In geriatrics outcomes and successes will have to be measured in a different way. We might be able to maintain a high level of function of the elderly person moving them into the community, but a year or two later they will be that much older and, therefore, as a result of a natural aging process they may need to use all or some of the services that you provide.

We need to prepare staff to deal with the fact that if the elderly remain in the community longer, they may only be admitted to institutional care in the terminal stages of their lives when they are highly dependent. You must, therefore, seriously consider the effect that these changes could have on the morale and welfare of your staff. Resources will have to be committed not only to in-service education in the area of palliative care, but also to counselling services to help staff cope with death and dying and the sense of loss or grieving that they may experience. On the positive side the move to restorative care and palliative care will result in many grades of staff acquiring new skills and becoming involved in activities that could increase job satisfaction.

In your outline of issues to be considered you have identified medical services, pharmacy services and support services for nursing, but you have not made any direct reference to nursing services! Yet the vast majority of care in long term institutions is provided by various grades of nursing staff. In the context of future development and planning it will be important to determine the role of nursing in the care of the elderly. Is there, for example, a place for the nurse practitioner? Could the manager become the coordinator of interdisciplinary services at the unit level, and at the function level could nurses function as case coordinators?

On the question of finance, we believe that the global budget does allow a greater degree of flexibility and that per diem funding might encourage bed occupancy. However, the global budget has to be determined in a fair and precise way that addresses the needs of the people in the institution rather than supporting available services that may be irrelevant to these needs. In this respect the patient (now called resident) classification system will be useful. But we acknowledge that it may require some modification over time. Furthermore, we have a concern that the resident classification system may not capture and, therefore, reward indirect care services that are often essential in restorative care. It does, however, represent a step in the right direction, and we should continue to work with it and improve it. This is particularly

important in view of the government's decision to pilot a Home Care Classification system. For the future, the existence of a Resident Classification System and a Home Care Classification System will contribute in a significant way to the management of the elderly across a continuum of care.

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